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ABSTRACT

Although many social indicators suggest that problems exist among the American Indian population for which counseling and mental health services should be provided, there are relatively few American Indian counselors in the conventional mental health system or in schools; therefore, the training of non-Indian counselors who work among American Indians must be improved. Current literature suggests that counselors working with Indians should be culturally sensitive, should have an awareness of Indian culture, and should be able to interpret specific behaviors in terms of possible cultural meaningfulness. A major implication of current literature is that there is a lack of communication and mutual understanding between counselors and Indian students. Results of a study comparing communication styles (Dauphinais, Dauphinais, and Rowe) indicate that the facilitative style, which is most commonly taught in counselor and therapist training, is seen as least effective by Indian students. Preliminary results of another study in which the authors are involved indicate that 15 out of 25 Indian students perceive the cultural-experimental style as being more helpful. Thus, efforts to specify counseling practices which Indian people find helpful should be intensified in training non-Indian counselors. (CM)

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Counseling with American Indians:
Improving the Quality of Non-Indian Assistance

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Counseling with American Indians:

Improving the Quality of Non-Indian Assistance

This paper will identify some indexes of social well-being which suggest the need for counseling services for American Indians and point out some deficits in training for those mental health professionals who work among the American Indian population. In addition, research will be presented that may offer some assistance for improving the quality of training to the helpers of American Indians.

There is a great amount of diversity among the American Indian population. In some ways each American Indian is like all other people. Each person may live as long as their Anglo counterpart, may complete high school and college, may become a professional, and possibly his or her income may exceed the median income for the American population. However, taken as a group, the American Indian population shares some statistics that are different than the majority population.

At a personal level (P.D.), my children had a 50-50 chance of living in an urban area or a rural area. At birth they had less chance of surviving than their Anglo friends (37.1 per 1,000 vs. 22.4 per 1,000) and could look forward to having me around until age 65. My White friends will be around until over 70 years of age, on the average.

My children may attend boarding school as did 45,000 Indian children in 1977. If not, they will most likely attend a school where they will be in the minority, and will be less likely to graduate. Many of their American Indian friends will drop out prior to high school graduation.

If my children survive an adolescence where one of ten of their friends may commit suicide and up to 70% may use alcohol regularly, they can expect to be unemployed, especially if they live on a reservation. If employed, they will most likely be employed

directly or indirectly by the federal government, and have a 50-50 chance of obtaining an income below poverty level (U.S. Gov. Printing Office, 1978).

Other factors that are of growing concern are violence to self and others that include homocide, rape, child abuse, wife battering, and infanticide. In addition, racism, while not clearly measurable in its effects, is a constant reality for most American Indians. Racism has contributed to the engendered governmental dependence and resulting hopelessness of many Indian peoples.

Such social indicators reflect the tragic status of the American Indian, as well as pointing to potential mental health needs. If indicators of maladjustment and poverty, hopelessness, and exposure to racism are signs of a need for counseling services, then American Indians certainly qualify.

The social indicators and behaviors so disruptive to the American Indian individual, family, and community reflect a change from the traditional life-style. For many with this change in life-style has come the loss in traditional Indian forms of helping and treating disruptive, painful experiences. Many Indian people, 50%, how live in urban areas. Both the urban Indian and the reservation Indian people, in many cases, must rely on conventional sources of help. Of those Indian people relying on these sources of mental health services, 55% do not return for a second visit (Sue, Allen, & Conaway, 1978). After controlling for demographic factors such as income, sex, education, etc., American Indian clients were found to exceed others in not returning. In addition, Indian high school students reported more problem areas that they would not talk about to a counselor, or any other helping person. (Dauphinais, LaFromboise, & Rowe, 1980).

The current situation, then, suggests that American Indian peoples, and particularly Indian youth, have a real need (not to mention the right) for counseling assistance. However, the available evidence seems to indicate that the services being offered may be lacking in meaningfulness and effectiveness. An important fact to be considered is that,

the way things are currently structured, the professional helper who an Indian student will encounter is most likely to be a non-Indian. While this may not be the preferred or optimal circumstance, the reality is that there are relatively few American Indian counselors in the conventional mental health system or schools. Therefore, it seems clear that if improved counseling services for Indian youth are to be provided, one important means would be to improve the training of non-Indian counselors who may work among American Indian people. The major obstacle to implementing such a plan, however, is that little research has been done on what constitutes effective counseling practice with Indian peoples.

The state of the art is such that most published work has consisted of narratives drawn from common sense wisdom, some deductive analyses of how commonly held Indian values might relate to the counseling process, and some environmental conditions. On the basis of such work it has become commonly accepted that counselors working with Indian persons should be culturally sensitive, should have an awareness of Indian culture, and should be able to interpret specific behaviors in terms of possible cultural meaningfulness, rather than in a culture-bound context. Unfortunately, most counselors working toward degrees today do not receive even this minimal training although many of them will come in contact with Indian youth. Even worse, perhaps, is the fact that American Indians who achieve professional credentials are commonly exposed to theories and practices which often are irrelevant to effective work with Indian people and in some cases have been shown to interfere with successful outcome.

While problems regarding the dissemination of what we currently know remain, a major limitation to training more effective counseling with Indian youth is the lack of specificity in what has been described or discussed. Although cultural sensitivity, knowledge of Indian values, and the ability to understand culturally relevant behavior is important, and perhaps necessary, we cannot make significant further progress without

empirical research directed toward identifying what the helper actually does that is related to positive outcome. By drawing upon the descriptive base laid down earlier, it now should be possible to develop a variety of creative and culturally sensitive hypotheses for empirical validation. Findings which then emerge through verification and replication can be fed back to the training programs with some assurance that counselors and mental health workers will be able to be more helpful to Indian youth.

I would like to describe some recent efforts in which we have been involved that attempt to relate counseling process with Indian students to specific counselor behavior. An implication found repeatedly in the literature is that something necessary is not occurring between American Indian clients and conventionally trained counselors. Goldstein (1973), describing such a situation between therapists and lower socioeconomic status cllients, noted:

> That much of what is said across this particular social class gulf goes unheard; that in several major and highly consequential ways, therapist and patient are literally not talking the same language (p. 40).

Trimble (1976) has also observed that the "core of the problems between the non-Indian counselor and an Indian student is one of communication and mutual understanding." Following this notion further, the question of effective communication style in counseling with Indian students arises. To address this, a study (Dauphinais, Dauphinais, & Rowe, in press) was conducted in which we compared the perceived effectiveness of a counselor using the standard "facilitative communication" style, a directive style, or an experimental style, as rated by Indian high school students. The experimental style was developed from my own experience and in consultation with a medicine man, an Indian

clinical psychologist, and others who shared their suggestions. The results indicated that the "facilitative" style, which is most commonly taught in counselor and therapist training today, was seen as least effective by the Indian students. No significant difference occurred in the ratings given to the directive or experimental styles. However, since the race of the counselor (Indian vs. non-Indian) was an independent variable crossed with communication style, an interesting comparison could be observed. Although being Indian had an overall positive effect, the mean rating given to the Indian counselor using the commonly accepted style of communication was the same as the rating of the non-Indian counselor using the experimental style. This suggests that non-Indian helpers could increase their effectiveness if they were to learn a different style of relating verbally to Indian students. Of course, it also suggests that Indian professional counselors could increase their effectiveness with Indian students if they would forget the communication style which they were most likely taught in their training program.

The next step in this inquiry involved the attempt to refine this cultural-experimental style so that it would be perceived as more helpful than the directive style of counselor communication and, if so, to describe in detail its features and characteristics. To accomplish this we analyzed the contrasting elements of each using the Hill Taxonomy (1977) of counselor response categories and developed new scripts. Video tapes of approximately 10 minutes duration were made of a counselor (race ambiguous) talking to an Indian college student in each style. Both tapes were recently shown to 25 non-Indian and 25 Indian college students with instructions to choose which one was most helpful, noting why they thought it was helpful and why it was not helpful. In addition, they were asked to rate each one on seven semantic differential scales adapted from Atkinson (1978).

Although data analysis has not been completed, preliminary results show that 19 of the 25 non-Indian viewers rated the directive communication style as superior. However,

15 of the 25 Indian students perceived the cultural-experimental style as being more helpful. Those students who chose the experimental style of talking were asked to note why they thought the counselor was effective. They indicated that they thought the counselor was most effective when he related his own experiences as an example and was less effective when he used a question-answer (directive) format.

This expression of effectiveness by the American Indian students corresponds to the analysis of the experimental tape utilizing the Sinclair and Coulthard (1975) system of analysis. The experimental tape portrays a counselor who is giving information to the client throughout the interaction. This information is given in terms of "this is the way I experienced this..." or "I know of others who did it this way...". Thus, the counselor models self-disclosure and gives alternative modes of action. The client is then free to choose one or none of the alternatives. The counselor asks much less than the directive counselor, but when an elicitation is used, it is in an indirect manner, such as "this is how I..." or "Let's think about...". A complete report of the methodology, the results of the analysis of the preference dimensions, and the analysis of the cultural-experimental counselor communication style using the Hill Taxonomy and the Sinclair-Coulthard Analysis of Discourse (1975) will be available September 1 from the Bureau of Educational Research, College of Education, University of Oklahoma, Norman, OK 73019.

Hopefully, the research described above will add to the work of those mental health providers who have made observations about their experiences among the American Indian population. These observations have led to recommendations for counselor awareness of American Indian cultural differences. Trimble (1980) has described more specific psychocultural aspects such as values unique to the American Indian. LaFromboise and Dixon (1981) have added more specificity to our knowledge concerning perceived trust by American Indian students. Through this research we have increased our knowledge of what counselors can do that is related to positive outcome.

In summary, many social indicators suggest that problems do exist among the American Indian population for which counseling and mental health services should be provided. Since many Indian people must rely on conventional helping systems, either to supplement traditional Indian means of support or in the absence of such systems, it is suggested that efforts to specify helping counseling practices with Indian people be intensified so that non-Indian professional helpers can be trained to provide more effective assistance.

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